

FILED AUG 25 1947

Registration District No. **324**

Primary Registration District No. **6092**

Registrar's No. **159**

1. PLACE OF DEATH:

(a) County **Saline**
(b) City or town **Grand pass, Mo. Rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
at home, in Grand Pass / Township
(If not in hospital or institution, write Street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

3. (a) PRINT **Fred William Utlaut**
FULL NAME

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced: **married**
6. (b) Name of husband or wife **Emma Utlaut** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **11** (Month) **4** (Day) **1861** (Year)

8. AGE: Years **85** Months **8** Days **27** If less than one day hr. _____ min. _____

9. Birthplace **Chamois, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business _____

12. Name **Rudolph Utlaut**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Sophia Friederick Bruendick**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Edward Utlaut**
(b) Address **Lexington, Missouri**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **8/4/1947**
(Month) (Day) (Year)
(c) Place: burial or cremation **Mt. Nebo, Grand Pass, Mo.**

18. (a) Signature of funeral director **Alfred H. Braun**
(b) Address **Alma, Missouri**
19. (a) **Aug 4-47** (b) **Edw. J. Gray**
(Date required local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Saline**
(c) City or town **Grand Pass, Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **R. F. D.** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **AUGUST** day **1st**
year **1947** hour **11** minute **45 A.** M.

21. I hereby certify that I attended the deceased from **APRIL 12, 1946** to **AUGUST 1, 1947**
that I last saw him alive on **AUGUST 1st, 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **CARCINOMA OF RECTUM** Duration **1 YEAR**

Due to _____

Due to _____

Other conditions **ARTERIO SCLEROSIS** 2 years
(Include pregnancy within 3 months of death)

Major findings: Of operations **H6 P** Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Geo A. Kellum** (M. D. or other) **0**
Address **Waverly, MO** Date signed **8-2-47**

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 8-29-47

DEC 17 1951
27117

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

....., Registered Apprentice No.
working under my personal supervision.

Signed

Alfred H. Bremer

Licensed Embalmer No. 2696.

P. O. Address Alma, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.